

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PATRIOTS PAC LLC

ADDRESS (number and street)

2275 MARIETTA BLVD

☐ (Check if address is changed)

SUITE 270-312

ATLANTA

CITY ▲

GA

STATE ▲

30318

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Treasurer@takebackga.com

Optional Second E-Mail Address

Admin@takebackga.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
02 / 28 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00807958

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHNSON, MELVIN, , , JOHNSON

Signature of Treasurer

JOHNSON, MELVIN, , , JOHNSON

[Electronically Filed]









Date

MM / DD / YYYY
05 / 17 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

PATRIOTS PAC LLC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JOHNSON, MELVIN, , , JOHNSON

Mailing Address

2275 MARIETTA BLVD

SUITE 270-312

ATLANTA

GA

30318

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

770

486

3295

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

JOHNSON, MELVIN, , , JOHNSON

Mailing Address

2275 MARIETTA BLVD

SUITE 270-312

ATLANTA

GA

30318

Title or Position

CITY

STATE

ZIP CODE

Telephone number

770

486

3295

Full Name of
Designated
Agent

JOHNSON, MELVIN, , , 30318

Mailing Address

2275 MARIETTA BLVD

SUITE 270-312

ATLANTA

CITY

GA

STATE

30318

ZIP CODE

Title or Position

Treasurer

Telephone number

770

486

3295

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP MORGAN CHASE BANK

Mailing Address

5768 BUFORD HWY NE

DORAVILLE

CITY

GA

STATE

30340

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE